



# Covered Canine Insurance Application

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## General Information:

Requested Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

First

Last (Must be Owner of Insured Canine(s))

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Residence Premises: Location where the dog/s live if different from the mailing address:

\_\_\_\_\_

## General Underwriting Questions

### 1 Where does your dog(s) go for relief to urinate/defecate:

- |          |  |     |    |
|----------|--|-----|----|
| <b>a</b> | Enclosed fenced area on all sides:           | Yes | No |
| <b>b</b> | Underground electric dog containment system: | Yes | No |
| <b>c</b> | Goes outside without supervision:            | Yes | No |
| <b>d</b> | Permanently tied/tethered outside:           | Yes | No |
| <b>e</b> | In a permanent outside kennel:               | Yes | No |
| <b>f</b> | Leash walked                                 | Yes | No |

### 2 Are there children under 16 living in your home full time? Yes No

- |          |   |     |    |
|----------|---|-----|----|
| <b>a</b> | Do you provide daycare or babysitting service:    | Yes | No |
| <b>b</b> | Do or will you have foster children in your home: | Yes | No |

- 3** Has anyone living permanently in your home ever been convicted of animal cruelty or domestic abuse? Yes No
- 4** Do you breed your dogs? Yes No  
If Yes, what is the maximum number of litters planned in the next 12 months: \_\_\_\_\_
- 5** Where does your dog sleep? Inside home \_\_\_\_\_ Garage \_\_\_\_\_  
Outside, loose in the yard \_\_\_\_\_ Permanent outside kennel \_\_\_\_\_
- 6** Do you live in Urban \_\_\_\_\_ Suburban \_\_\_\_\_ or Rural \_\_\_\_\_ area?
- 7** Number of Dogs in your home over the age of 8 weeks: \_\_\_\_\_
- 8** How often is the dog taken to the Vet?
- a** Annually Yes No
  - b** Often as needed Yes No
  - c** Never Yes No
- 9** Are all dogs to be insured, legal and in compliance with laws at your Primary Residence? Yes No  
If no, please give details: \_\_\_\_\_

**Complete for each dog to be insured:**

	Dog 1		Dog 2		Dog 3		Dog 4	
Dog Name	_____		_____		_____		_____	
Breed	_____		_____		_____		_____	
Gender	_____		_____		_____		_____	
Spayed or Neutered	_____		_____		_____		_____	
Age	_____		_____		_____		_____	
Color	_____		_____		_____		_____	
Weight	_____		_____		_____		_____	
No Training or Basic Training	Yes	No	Yes	No	Yes	No	Yes	No
Intermediate Training	Yes	No	Yes	No	Yes	No	Yes	No
Advanced Training	Yes	No	Yes	No	Yes	No	Yes	No
Service, Seeing Eye, Hearing	Yes	No	Yes	No	Yes	No	Yes	No
Emotional Support	Yes	No	Yes	No	Yes	No	Yes	No

	Dog 1		Dog 2		Dog 3		Dog 4	
Therapy Dog, dogs that do volunteer visits at hospitals, classrooms or other facilities and the handler is not paid	Yes	No	Yes	No	Yes	No	Yes	No
Hunting, Sporting off leash, Farm, Herding, Gun	Yes	No	Yes	No	Yes	No	Yes	No
Sled Dog Racing, Mashing, Freighting	Yes	No	Yes	No	Yes	No	Yes	No
Professionally Trained Personal Protection or Guard dog, War or Police Service Dog	Yes	No	Yes	No	Yes	No	Yes	No

NOTE: If you have more than 4 dogs, please email [dturner@deaninsuranceai.com](mailto:dturner@deaninsuranceai.com) to receive additional pages to complete.

**Have any of the Dogs to be insured:**

- 1 Caused a visit by Animal Control, Dog Catcher or other Governmental Agency.** Yes No
- 2 Bitten or scratched a person of any age.** Yes No
- 3 Jumped upon or tripped a person causing bodily injury.** Yes No
- 4 Injured or killed another animal?** Yes No
- 5 Been declared dangerous or potentially dangerous? \*1** Yes No
- 6 Been the subject of a claim, suit, arbitration or legal proceeding?** Yes No

\*1 If your dog is declared dangerous or vicious due to their breed please do not mark yes on question #5.

**Complete a Supplement with the details for each yes response (See Page 4). If you do not give us the details we will be unable to give you a quote.**

Coverages and Limits:

Limits: \$25,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$100,000 \_\_\_\_\_ \$300,000 \_\_\_\_\_ Other \_\_\_\_\_

Complete for each Additional Insured: (Please do not add your spouse as an additional insured; attach additional page if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship: Landlord: \_\_\_\_\_ Employer: \_\_\_\_\_ Governmental Entity: \_\_\_\_\_

Other (explain): \_\_\_\_\_

## Notices

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

### **Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **Applicable in Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Applicable to New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable to New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **Applicable to Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Applicable in Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

### **Applicable in Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### **Applicable in Maine/Tennessee/Virginia**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### **Applicable in all Other States**

Any person who knowingly files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and also punishable by criminal and/or civil penalties in certain jurisdictions.

## **THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER**

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

*The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.*

**Supplement for Canine Liability Insurance; complete one for each occurrence:**

Name of the Dog: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Please describe the event in detail:

Was the Occurrence reported to your insurance company? Yes      No

What date was the Occurrence reported to the insurance company? \_\_\_\_\_

Total amount paid by your insurance company: Defense (\$) \_\_\_\_\_ Damage (\$) \_\_\_\_\_

Was the proper governing body contacted regarding this event? Yes      No

If no why?

What fines, restrictions, specific requirements were mandated as a result of this Occurrence?

What changes have you made to prevent a similar occurrence from happening again?

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_